

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2086</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/12/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>B &amp; B PARADISE RES CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>9262 SNOW FLOWER AVE LAS VEGAS, NV 89117</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  Surveyor: 28384 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 10/8/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons. The census at the time of the survey was six. Six resident files were reviewed and four employee files were reviewed. The facility received a grade of B.  The following deficiencies were identified:	Y 000		
Y 026 SS=F	449.190(3) Contents of License-Multiple Types  NAC 449.190 3. A residential facility may be licensed as more than one type of residential facility if the facility provides evidence satisfactory to the bureau that it complies with the requirements for each type of facility and can demonstrate that the residents will be protected and receive necessary care and services.  This Regulation is not met as evidenced by: Surveyor: 11456	Y 026		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 026	Continued From page 1  Based on observation, record review and interview on October 8, 2009, the facility was caring for 3 of 3 persons with current mental illness diagnoses without an endorsement and failed to ensure caregivers obtained the necessary training to care for such persons.  Severity: 2 Scope: 3	Y 026			
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 10/8/08, the facility failed to ensure 4 of 4 caregivers met background check requirements (Employees #1, #2, #3 and #4). Fingerprints were not current or unavailable for Employees #1, #2 and #3 and State and/or FBI report were not available for Employees #1, #3 and #4.  Severity: 2 Scope: 3	Y 105			
Y 250 SS=D	449.217(1) Kitchens-Equipment works; Clean and Sanitary  NAC 449.217 1. The equipment in a kitchen of a residential	Y 250			

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Y 250	Continued From page 2  facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.  This Regulation is not met as evidenced by: Surveyor: 28384 Based on observation on 10/8/09, the facility failed to ensure the kitchen was clean. The ventilation fan was missing from the hood of the stove and the area above the stove was covered in grease and dust.  Severity: 2 Scope: 1	Y 250		
Y 434 SS=D	449.229(3) Emergency Drills  NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill.  This Regulation is not met as evidenced by: Surveyor: 28384  Based on interview and record review on 10/8/09, the facility did not ensure that monthly evacuation drills were conducted on an irregular schedule for the past 1 of 12 months (September 2009).	Y 434		

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Y 434	Continued From page 3  Severity: 2 Scope: 1	Y 434		
Y 936 SS=F	<p>449.2749(1)(e) Resident file-NRS 441A Tuberculosis</p> <p>NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review and interview on 10/8/09, the facility failed to ensure 1 of 6 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #6) which affected all residents. The facility failed to have adequate evidence that 1 of 6 residents tested positive for tuberculosis (Resident #4).</p> <p>Severity: 2 Scope: 3</p>	Y 936		

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